City of Chicago 740 N. Sedgwick, Suite 400, Chicago, IL 60654 COMMISSION ON HUMAN RELATIONS Phone 312-744-4111, Fax 312-744-1081, TTY 312-744-1088 www.cityofchicago.org/humanrelations

## **BACKGROUND FORM**

(THIS IS <u>NOT</u> A COMPLAINT)

A. Individual's Information
1. Name:
Address:
City: State Zip Code:
Telephone Numbers: Home ( ) Other ( )
<ol> <li>Contact Person – List a person who will be able to contact you if our office is unable to reach you Choose a person who has an address different from yours. (If you do not provide this information and the Commission is unable to locate you, your case may be dismissed)</li> <li>Name of Contact Person:</li> </ol>
Address:
City: State: Zip Code
Telephone Numbers: Home ( ) Other ( )
3. Your Gender: Your Date of Birth:
4. Your Race: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Asian & White Black/African American & White Other Multi-Racial
B. Statistical Information (If your complaint does NOT involve HOUSING, skip to Section C)  *Required by Federal rules <i>unless</i> your complaint is <u>based on</u> your Section 8 Housing Choice Voucher.
*Number of people in your household:
*Your Annual Income:Under \$25,000 \$25,000-\$49,999 \$50,000-\$74,999 Over \$75,000
C. Other Information
Describe how you learned about the Commission on Human Relations:
2. List any other agencies (if any) at which you filed this same complaint.

<b>D. Information About Respondent</b> (the party you are complaining about) Provide the following information about the person(s) or business which you believe discriminated against you ("Respondent").			
1) Full Name:			
		Zip Code:	
Telephone Number ( )			
2) If the Respondent has a <b>home office</b> address and telephone number for that		s other than at the address listed above, provide the	
Street Address:			
City:	State:	Zip Code:	
Telephone Number ( )			
E. Information about Your Claim/s			
	learned about eac	involved:  ( ) Color	